

**MCDB Encounter File Processing
January 2007 - April 2008 Data**

**P820: United Healthcare Insurance Co.
Based on Data After Final Encounter Processing (2006 - 2007)
Data Completeness Summary Report**

Eligible Services: 6,804,348
Services Submitted: 6,804,348

Source File: P820_enc5_dc_crunch.sas7bdat
File Date: December 5, 2008

Delivery System	Number of Recipients ¹			Number of Services			Total Payment		
	2006	2007	% Change	2006	2007	% Change	2006	2007	% Change
1: HMO (Non-Medicaid, Includes Medicare)									
2: PPO-POS	177,210	211,560	19.4	4,052,763	4,300,171	6.1	333,712,247	317,924,178	-4.7
3: PPO or Other Managed Care	80,319	35,563	-55.7	1,835,104	790,765	-56.9	142,802,862	54,518,068	-61.8
4: Indemnity Care	22,337	20,642	-7.6	1,091,671	892,775	-18.2	39,599,717	33,567,454	-15.2
5: HMO-POS Rider									
6: EPO		51,497			820,603			56,896,646	
9: Payer Code=9 (Unknown and Missing)	143	6	-95.8	772	34	-95.6	169,940	7,351	-95.7
Total	272,243	315,194	15.8	6,980,310	6,804,348	-2.5	516,284,766	462,913,697	-10.3

Plan ²	Number of Recipients ¹			Number of Services			Total Payment		
	2006	2007	% Change	2006	2007	% Change	2006	2007	% Change
Non-HMO	235,635	278,901	18.4	5,258,982	5,383,119	2.4	440,914,713	396,205,311	-10.1
HMO Fee for Service									
HMO Capitated	3,728			45,018					
Medicare, All Types	31,247	29,806	-4.6	1,442,943	1,177,969	-18.4	54,409,334	45,286,376	-16.8
No Plan Assigned	6,579	8,347	26.9	233,367	243,260	4.2	20,960,719	21,422,010	2.2
Total	272,243	315,194	15.8	6,980,310	6,804,348	-2.5	516,284,766	462,913,697	-10.3

Coverage Type	Number of Recipients ¹			Number of Services			Total Payment		
	2006	2007	% Change	2006	2007	% Change	2006	2007	% Change
1: Medicare Supplemental	32,852	31,595	-3.8	1,512,742	1,232,202	-18.5	59,115,355	50,382,216	-14.8
2: Individual Plan									
3: Private Employer Sponsored Fully Self-Ins	156,177	164,565	5.4	3,381,516	3,235,747	-4.3	284,826,945	237,366,078	-16.7
4: Private Employer Sponsored Insured	56,294	73,725	31.0	1,130,192	1,277,021	13.0	90,864,907	95,496,972	5.1
5: Public Employee	28,837	47,899	66.1	955,843	1,059,378	10.8	81,476,741	79,668,431	-2.2
6: Comprehensive Standard Health Benefit Plan	2			17			818		
7: Medicare Provided by a Medicare HMO/CMS									
8: Taft Hartley Jointly Managed Trust Fund									
9: Payer Code-9 (Unknown Coverage Type)									
Missing or Invalid Code									
Total	272,243	315,194	15.8	6,980,310	6,804,348	-2.5	516,284,766	462,913,697	-10.3

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NOTES:

¹ Total number of recipients will be less than the sum of individual category recipient counts if some recipients receive services in more than one category.
Key to identify a unique recipient: Patient ID + Birth Year + Birth Month + Gender.

² Rules for categorizing services into a PLAN:

Non-HMO

1. Payer is not an HMO provider and Coverage Type (COVTYPE) is non-Medicare (2-6) or Taft-Hartley (COVTYPE = 8).
 - a. Coverage Type (COVTYPE) is non-Medicare (2-6)
 - b. Coverage Type (COVTYPE) is Taft-Hartley (8).
2. Payer is an HMO provider:
 - a. Delivery System (DELVTYP) is non-HMO (2-4).
 - b. Coverage Type (COVTYPE) is non-Medicare (2-6)

HMO Fee for Service:

1. Payer is an HMO provider.
2. Coverage Type (COVTYPE) is non-Medicare (2-6).
3. Delivery System (DELVTYP) is HMO (1 or 5).
4. Service is not capitated (BILLTYPE = 1).

HMO Capitated:

1. Payer is an HMO provider.
2. Coverage Type (COVTYPE) is non-Medicare (2-6).
3. Delivery System (DELVTYP) is HMO (1 or 5).
4. Service is capitated (BILLTYPE = 8).

Medicare, All Types

- 1, All services with Coverage Type 1 or 7.